

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 24, 2008 8:00 am  
Secretary of State**

03-24-2008 90059 047 \*\*\*150.00

DOCUMENT # P06000019637		
1. Entity Name A M K I, INC		

Principal Place of Business 30 SW 8 AVE HALLANDALE, FL 33009	Mailing Address 30 SW 8 AVE HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box # 19668 N.W. 27 Ave	3. Mailing Address 19668 N.W. 27 Ave
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami Gardens	City & State Miami Gardens
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Zip 33056	Country USA
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6. Name and Address of Current Registered Agent
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SCHREIBER, DARRYL S 5600 SHERIDAN ST HOLLYWOOD, FL 33021
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7. Name and Address of New Registered Agent
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Name
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Street Address (P.O. Box Number is Not Acceptable)
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City
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FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AHMED, FARUK 30 SW 8 AVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AHMED, NUR J 30 SW 8 AVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALAM, MOHAMED 30 SW 8 AVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mohammed Suhel 518 N.E. 166 STREET N. Miami PL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Darryl Schreiber</i>	3-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #

ATTACHMENT

40051178

#P06000019637

A M K I, INC.  
19668 N.W. 27 AVENUE  
MIAMI GARDENS, FLORIDA 33056  
PHONE: 305-405-6209

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FLORIDA 32302 - 1500

PLEASE CHANGE OUR FEI NUMBER WE WERE ISSUED TWO DIFFERENT  
NUMBERS IN ERROR. THE CORRECT FEI NUMBER IS 90-0259260  
SEE NOTICE WITH FEI NUMBER FROM THE INTERNAL REVENUE SERVICE  
ATTACHED.

THANK YOU,

*Faruk Ahmed*  
FARUK AHMED  
PRESIDENT

## ATTACHMENT

# P06000019637

(IRS USE ONLY) 575A

04-06-2006 AMKI B 0423956136 SS-4

~~status~~

40051178

002512

Your application for an EIN indicates that you intend to elect to file your return as an 1120-S. An election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

The Internal Revenue Service has also identified several mistakes commonly made by S corporations and their shareholders. Please review them and call us at 1-800-829-1040 if you have any questions.

- \* **Losses in Excess of Basis - Pursuant to Internal Revenue Code (IRC) section 1366, a shareholder in an S corporation may not deduct S corporation losses in excess of their basis in stock and/or debt. Each shareholder's stock basis and debt (loans from shareholders) basis should be computed annually.**
- \* **Taxable Distributions - Pursuant to IRC section 1368, distribution to shareholders in excess of stock basis are generally taxable.**
- \* **Gain on Repayment of Loans from Shareholders - where the shareholder previously used debt basis to absorb S corporation losses, subsequent repayments on the loans are generally taxable.**
- \* **Compensation to Shareholder - If the shareholders performing services for the S corporation, be careful not to improperly classify the compensation as payments other than salary (examples: excessive rent, or distributions) in order to avoid employment taxes.**
- \* **Fringe Benefits - Certain fringe benefits paid on behalf of a shareholder who owns more than 2% of the stock (or shareholder's family) are taxable. Examples include certain accident, health, and life insurance premiums, meals and lodging, and certain cafeteria plan benefits.**
- \* **Accrual of Expenses Due to Shareholders - Pursuant to IRC section 267, an accrual basis corporation may not accrue and deduct expenses (such as rent) due to a cash basis shareholder until the amount is includable in the income of the shareholder (when paid).**

Keep this part for your records.

CP 575 A (Rev. 1-2006)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0423956136

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-06-2006  
(       ) - EMPLOYER IDENTIFICATION NUMBER: 90-0259260  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
OGDEN UT 84201-0023

A M K I INC  
% FARUK AHMED PRESIDENT  
30 SW 8TH AVE  
HALLANDALE FL 33009